



STATE OF NEW JERSEY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
Enforcing the Underage Drinking Laws Grant Program
Quarterly Financial Report - Detailed Cost Statement

Subgrant ID #:

Agency:

Project Title:

Subgrant Period:

Quarterly Report:

from:

(list date)

to:

(list date)

Section A

BUDGET CATEGORIES	SECTION 1 APPROVED PROJECT BUDGET		SECTION 2 THIS REPORT PERIOD-S EXPENDITURES		SECTION 3 CUMULATIVE EXPENDITURES		SECTION 4* CURRENT UNPAID OBLIGATIONS	
	FEDERAL	MATCH	FEDERAL	MATCH	FEDERAL	MATCH	FEDERAL	MATCH
A. Salaries and Wages								
Fringe Benefits								
B. Contractual								
C. Travel								
D. Consumable Supplies								
E. Other								
F. Equipment								
G. Indirect Costs**								
TOTALS								

* Required on all reports. Amounts must be entered on report for last project month if additional expenditures are anticipated

Agency:

Subgrant #

CASH REPORT

**FEDERAL
(ONLY)**

MATCH (if required)
(ONLY)

1. Project Status: ___Ready to Begin ___ In operation ___ Completed
2. Cash on Hand-beginning of period (Line 6, previous report)
3. ADD: Cash received during period by subgrantee.
4. SUBTOTAL: Cash available during period
5. DEDUCT: Cash disbursed during period (Side 1, Section 2)
6. SUBTOTAL: Cash on hand at end of period
7. DEDUCT: Current unpaid obligations (Side 1, Section 4)
8. BALANCE: Unobligated Cash on hand at end of period

XXXXXXXXXXXX	XXXXXXXXXXXX

CASH REQUEST

9. Anticipated expenditures* of cash during the next period

*(DO NOT INCLUDE OBLIGATIONS FROM #7 ABOVE)

10. DEDUCT: Unobligated cash on hand (Line 8, above)
11. Cash requested from OAG

For ABC Use

12. DEDUCT: Cash forwarded, not received by subgrantee
13. Cash to be forwarded by OAG
14. TOTAL FUNDING

Reviewed: _____ Approved: _____

Remarks:

SUBGRANTEE CERTIFICATION: I certify that this information is taken from the Books of Account, such costs are valid and consistent with the terms of the Subgrant and that project activity occurred as reflected in this report.

Project Director (Signature and Date) _____ Phone #: _____

Financial Officer (Signature and Date) _____ Phone #: _____